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Low-Income Residents In Three States View Medicaid As Equal To Or Better Than Private Coverage, Support Expansion

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ABSTRACT Expansion of Medicaid under the Affordable Care Act to millions of low-income adults has been controversial, yet little is known about what these Americans themselves think about Medicaid. We conducted a telephone survey in late 2013 of nearly 3,000 low-income adults in three Southern states—Arkansas, Kentucky, and Texas—that have adopted different approaches to the options for expansion. Nearly 80 percent of our sample in all three states favored Medicaid expansion, and approximately two-thirds of uninsured respondents said that they planned to apply for either Medicaid or subsidized private coverage in 2014. Yet awareness of their state's actual expansion plans was low. Most viewed having Medicaid as better than being uninsured and at least as good as private insurance in overall quality and affordability. While the debate over Medicaid expansion continues, support for expansion is strong among low-income adults, and the perceived quality of Medicaid coverage is high.

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The Affordable Care Act (ACA) called for a dramatic expansion of Medicaid, initially projecting insurance coverage for an additional sixteen million low-income Americans residing in all fifty states and the District of Columbia. However, the size of this expansion was put into question by the June 2012 Supreme Court ruling that effectively gave states the option to expand Medicaid coverage or to continue with their existing programs without modification.[1]

The response from individual states has varied: As of June 2014 twenty-six states and the District of Columbia have chosen to implement a traditional Medicaid expansion, with a somewhat smaller number of states having either rejected expansion or decided not to move forward at this time.[2] Several states are still deliberating, with some saying they will expand coverage only if they are allowed to do so using federal money to purchase private insurance (the so-called private option) instead of expanding Medicaid. To date, Arkansas and Iowa have received federal approval for such plans, while several other states are continuing to negotiate with the federal government about the issue.[3]

With many lives and dollars at stake, the decision about whether or not to expand—and whether to do so using Medicaid or private insurance—has become very controversial. Previous research has described the views of state governors,[4] Medicaid directors,[5] and the general public on this issue,[6] as well as the role of stigma associated with public insurance programs.[7] But we know very little about views of the Medicaid expansion and the private option among those most directly affected by these major decisions: the low-income adults who would be potentially eligible for coverage. In health policy, their views are seldom heard.

In this article we report on a survey of low-income adults in Arkansas, Kentucky, and Texas. We chose these states because they are located in the same census region and provide a spectrum

of responses to the Supreme Court ruling: a traditional Medicaid expansion (Kentucky); an expansion using Medicaid dollars to purchase private health insurance (Arkansas); and a refusal to expand (Texas). We focused on whether respondents thought that their state should expand Medicaid and their perception of the quality of Medicaid coverage compared to private insurance or being uninsured.

Study Data And Methods

STUDY SAMPLE Our goal was to identify a sample of people who were as similar as possible to the population eligible for the Medicaid expansion. Thus, our target population was US citizens ages 19–64 residing in Arkansas, Kentucky, or Texas, who at the time of the interview reported a household income of less than 138 percent of the federal poverty level. We stratified a state-based sample of telephone numbers by type of telephone (landline versus mobile phone) and income (high- or low-poverty areas associated with the landline exchange or the mobile phone billing rate center). To account for stratification and differential response by demographic group, we weighted respondents by phone status, geographic region within state, age, sex, education, race or ethnicity, marital status, and population density. Our final sample consisted of 2,864 adults.

SURVEY DEVELOPMENT AND ADMINISTRATION We developed a thirty-eight-item survey (see the survey instrument and methodology in the online Appendix).[8] In addition to collecting information on respondents' demographic and socioeconomic characteristics, we collected data in five domains: access to health care; health status; awareness and attitudes toward ACA-related coverage expansions in their state; plans for applying for subsidized private coverage or Medicaid in 2014; and perceptions of Medicaid coverage compared to private coverage or to having no coverage at all.

In assessing respondents' perceptions of Medicaid, we referred to the Medicaid expansion by noting, "Under the national health reform law, states may choose to make Medicaid available to cover more of their residents. Medicaid is a health insurance program that covers services such as hospital care, doctor visits and prescription drugs."

Interviews were conducted in November and December 2013, in either English or Spanish depending on the respondents' preference. We chose this time frame because it was close to the beginning of the coverage expansions taking effect, and we hypothesized that awareness of the ACA's features would be significantly higher at that point than if we had surveyed earlier in the year, before media coverage and outreach efforts for the ACA were fully under way. All survey items about health insurance clarified that people should respond based on their coverage at the *time of the interview*, excluding any coverage slated to begin in 2014. Further details of survey development and administration are provided in the online Appendix.[8]

DATA ANALYSIS We applied a multistage weighting design to ensure an accurate representation of the target population in each of the three states. We weighted the sample in each state to match population estimates for citizens ages 19–64 with household incomes of less than 138 percent of poverty, based on the 2012 American Community Survey conducted by the Census Bureau.[9] In comparing survey responses across the three states, we used analysis of variation tests for continuous variables and chi-square tests for categorical data. All analyses used survey weights as described above.

We also conducted multivariate logistic regression analyses to identify demographic predictors of several key outcomes: supporting Medicaid expansion, planning to apply for ACA-subsidized coverage in 2014, and viewing the quality of health care with Medicaid as superior to private insurance. For the latter analysis, we limited the sample to those expressing a preference for one type of insurance (either Medicaid or private), excluding those who said that there was "no difference." Conducting a multinomial logistic regression including "no difference" as a middle option produced similar results, not reported in detail. Covariates in these models were age, sex, race or ethnicity, education, income, marital status, insurance status, self-reported health (fair/poor versus good/very good/excellent), political affiliation (Democrat, Republican, or Independent), and state of residence.

LIMITATIONS Our study had several limitations. Our response rates were lower than those of government surveys but were similar to or better than those obtained in other random-digit-dial surveys, including the Gallup poll.[10,11] We were unable to examine patterns of nonresponse, since people who refused to participate were only identified by random digit dialing and typically refused before providing any demographic information. Weighting to census targets for observable features likely reduced any nonresponse bias, though it may not have eliminated it entirely.[10]

We did not assess the views of noncitizen immigrants, who represent an important share of the low-income uninsured population particularly in Texas, because we wanted to focus on people who would likely be eligible for Medicaid.

We did not think that we could reliably assess with a telephone survey whether noncitizens might be eligible for Medicaid (which would require knowledge of both their legal status and their duration of residency in the United States). Our sample was limited to low-income adults whose income was estimated to be within the ACA's Medicaid expansion range, but the income questions used were simple yes-or-no items and did not elicit detailed information about family structure. Thus, while the sample was designed to include all adults who would be eligible for Medicaid if their state were expanding coverage, this was measured with some imprecision.

All of our data were self-reported. This may be most problematic for health status and clinical conditions, which can be influenced by health literacy and insurance status itself. However, it is also a potential issue for assessments of insurance coverage, as previous research demonstrates that most surveys—including the gold-standard surveys conducted by the Centers for Disease Control and Prevention and the Census Bureau—suffer from misreporting errors, particularly for Medicaid.[12,13] Participation in a survey could have also increased knowledge of and support for the Medicaid expansion.

Finally, we focused on only three states, which may limit generalizability. However, these states span the spectrum of political response to Medicaid expansion under the ACA and have more conservative populations, on average, than the country as a whole. This suggests that, if anything, our findings may underestimate national support for Medicaid and coverage expansion among low-income populations.

Study Results

STATE CHARACTERISTICS The political ideology of the population in the three states was relatively similar, with the proportions rating themselves as conservative ranging from 41 percent to 45 percent compared to the US average of 38 percent (see Appendix Exhibit 1).[8] None of the study's three states offered Medicaid to nondisabled adults without children before the ACA, and the percentage of residents with income below poverty was well above the US average (15.9 percent) in all three states.

DEMOGRAPHIC AND HEALTH CHARACTERISTICS OF SURVEY RESPONDENTS After weighting, 55–59 percent of respondents were female, and respondents' age distribution was similar across states (Appendix Exhibit 2).[8] Forty percent of respondents in Texas were Latino, compared to 4 percent and 2 percent in Arkansas and Kentucky, respectively. Approximately 40 percent of the population was uninsured in all three states, while 22–25 percent had Medicaid.

The study sample reported substantial morbidity: 40 percent in Arkansas and Kentucky and 32 percent in Texas said that they were in "fair" or "poor" health. The prevalence of chronic conditions was substantial and varied across the three states, with the prevalence in Texas being generally lower. Of the respondents, 52–71 percent reported having at least one of the nine conditions we inquired about. Of those reporting a chronic condition, approximately two-thirds said that they regularly see or communicate with a doctor or health care provider about this condition.

AWARENESS OF AND ATTITUDES TOWARD THE AFFORDABLE CARE ACT Roughly 80 percent of the sample in all three states favored Medicaid expansion (Exhibit 1). A similar proportion in all three states—approximately one-third of respondents—said that they had heard or read that their state would be offering a new Medicaid expansion in 2014, showing little awareness of the major state policy differences in this area. Slight-

EXHIBIT 1

Survey Respondents' Awareness Of And Attitudes Toward Affordable Care Act (ACA) Coverage Expansion, November And December 2013

	Arkansas	Kentucky	Texas	*p* value
Favor Medicaid expansion	83%	83%	79%	0.21
Heard or read that state will offer new Medicaid expansion in 2014	35	33	31	0.49
Heard or read that state will offer new financial assistance to purchase private health insurance in 2014	25	33	31	0.03
Believe that you'd be subject to a fine if you do not have health insurance in 2014	62	61	49	<0.001

SOURCE Authors' analysis of survey data of 2,864 low-income adults (ages 19–64) in Texas, Arkansas, and Kentucky. **NOTE** *p* values are for significance in differences across states.

ly fewer respondents in Arkansas said that they had heard or read that their state would be offering new financial assistance to purchase private health insurance in 2014 (25 percent versus 31 percent in Texas and 33 percent in Kentucky), even though Arkansas is the only one of these three states currently pursuing the so-called private option. The proportion believing they would be subject to a fine if they did not have health insurance in 2014 ranged from 49 percent in Texas to 62 percent in Arkansas.

PLANNED USE OF MEDICAID OR SUBSIDIZED PRIVATE COVERAGE BY THE UNINSURED Two-thirds or more (62–73 percent) of uninsured respondents said that they planned to apply for Medicaid or financial assistance to buy private insurance in 2014 (Exhibit 2). Among the most common explanations for not planning to apply for coverage were that many thought they would not qualify (20–29 percent), while some said they already expected to have some other kind of coverage by then (7–22 percent). The proportion of respondents saying that Medicaid or subsidized private coverage was not good insurance was less than 5 percent in all three states.

PERCEPTIONS OF MEDICAID COVERAGE VERSUS PRIVATE COVERAGE OR BEING UNINSURED We asked respondents to rate Medicaid compared to being uninsured (Exhibit 3). A strong majority (57–77 percent) favored Medicaid coverage across all dimensions, and few (3–10 percent) said that being uninsured was better.

In all three states, most respondents rated overall quality of care as similar to or better with Medicaid than private insurance (Exhibit 4). Private insurance was consistently rated higher than Medicaid in terms of access to doctors and being treated with respect, whereas Medicaid was rated higher in affordability of care.

PREDICTORS OF ATTITUDES TOWARD MEDICAID EXPANSION AND COVERAGE Appendix Exhibit 3[8] shows the results of multivariate analyses identifying significant predictors of support for Medicaid expansion, plans to apply for subsidized coverage in 2014, and viewing the quality of health care in Medicaid as better than that in private insurance. Patterns of support for Medicaid expansion and plans to apply for coverage in 2014 were quite similar—highest among women, blacks, people with less than a high school degree, uninsured people and those already with Medicaid coverage, people in worse health, and Democrats.

Among those expressing Medicaid as preferable to private insurance in terms of health care quality, support for Medicaid was strongest among blacks, Latinos, and other nonwhites; those with less education and lower incomes; and people in fair or poor health.

Discussion

In our survey of nearly 3,000 low-income adults in three states, we found strong and consistent

EXHIBIT 2

Planned Use Of Medicaid Or Subsidies By The Uninsured, November And December 2013

	Arkansas	Kentucky	Texas
Plan to apply for Medicaid or state's financial assistance to buy private insurance in 2014	69%	73%	62%
Do not plan to apply for Medicaid or financial assistance to buy private insurance in 2014	21	24	30
Don't know/refused	10	4	9
If no, primary reason why not:			
Because you don't think that you'll qualify	29	20	26
Because you don't want government help to get health insurance	22	13	6
Because you don't need health insurance	7	22	25
Because it is too hard to sign up	2	1	10
Because you already have or plan to have some other kind of health insurance	7	22	12
Because of cost or money (too expensive or can't afford it)	6	11	6
Because you don't think Medicaid or the private insurance provided through state exchange is good insurance	3	1	4
Because of some other reason	12	3	6
Don't know or need more information	11	6	4

SOURCE Authors' analysis of survey data of 983 uninsured low-income adults (ages 19–64) in Texas, Arkansas, and Kentucky. **NOTES** We performed a chi-square test comparing the proportions of respondents in each state based on their plans for 2014 (plan to apply, don't know/refused, or do not plan to apply). We also conducted an omnibus chi-square test comparing respondents' reasons in each state for not planning to apply, among those who said they would not apply. Both test results did not indicate any statistically significant differences across the three states. Numbers may not sum to 100 percent because of rounding.

EXHIBIT 3

Low-Income Adults' Perceptions Of Medicaid Insurance Coverage Versus No Insurance, November And December 2013

Respondents' state	Better with Medicaid	Better with no insurance	No difference
QUALITY OF HEALTH CARE BETTER ON MEDICAID OR NO INSURANCE?			
Arkansas	69%	9%	21%
Kentucky	77	7	17
Texas	70	10	20
TO SEE DOCTORS YOU WANT, WITHOUT HAVING TO WAIT TOO LONG, BETTER TO HAVE MEDICAID OR NO INSURANCE?			
Arkansas	63	4	34
Kentucky	64	5	31
Texas	57	5	39
TO HAVE DOCTORS TREAT YOU WITH CARE AND RESPECT, BETTER TO HAVE MEDICAID OR NO INSURANCE?			
Arkansas	57	3	40
Kentucky	59	4	37
Texas	57	3	40
TO BE ABLE TO AFFORD THE HEALTH CARE YOU NEED, BETTER TO HAVE MEDICAID OR NO INSURANCE?			
Arkansas	77	3	20
Kentucky	76	4	20
Texas	72	5	24

SOURCE Authors' analysis of survey data of 2,864 low-income adults (ages 19–64) in Texas, Arkansas, and Kentucky. **NOTES** We used survey-weighted Wald tests to compare the proportion of respondents in each state favoring Medicaid versus no insurance, excluding those who said there was no difference or did not provide an answer. These tests show whether the results differed significantly from an equal portion of respondents favoring each insurance type. All tests were significant ($p < 0.01$). We also tested for interstate differences in each response category and found that only the quality of health care on Medicaid compared to no insurance differed significantly ($p < 0.05$) between states ($p = 0.01$).

EXHIBIT 4

Low-Income Adults' Perceptions Of Medicaid Insurance Coverage Versus Private Insurance, November And December 2013

Respondents' state	Better with Medicaid	Better with private insurance	No difference
QUALITY OF HEALTH CARE BETTER ON MEDICAID OR PRIVATE INSURANCE?			
Arkansas	32%	28%	40%
Kentucky	34	24	41
Texas	40	23	37
TO SEE DOCTORS YOU WANT, WITHOUT HAVING TO WAIT TOO LONG, BETTER TO HAVE MEDICAID OR PRIVATE INSURANCE?			
Arkansas	19	35	45
Kentucky	21	30	48
Texas	26	38	36
TO HAVE DOCTORS TREAT YOU WITH CARE AND RESPECT, BETTER TO HAVE MEDICAID OR PRIVATE INSURANCE?			
Arkansas	15	35	50
Kentucky	17	27	56
Texas	20	32	47
TO BE ABLE TO AFFORD THE HEALTH CARE YOU NEED, BETTER TO HAVE MEDICAID OR PRIVATE INSURANCE?			
Arkansas	45	21	34
Kentucky	50	19	30
Texas	45	23	32

SOURCE Authors' analysis of survey data of 2,864 low-income adults (ages 19–64) in Texas, Arkansas, and Kentucky. **NOTES** We used survey-weighted Wald tests to compare the proportion of respondents in each state favoring Medicaid versus private insurance, excluding those who said there was no difference or did not provide an answer. These tests show whether the results differed significantly from an equal portion of respondents favoring each insurance type. All tests were significant ($p < 0.01$), except for the quality of health care on Medicaid compared to private insurance in Arkansas ($p = 0.25$). We also tested for interstate differences in each response category and found the following categories to differ significantly ($p < 0.05$) between states: "To see the doctors you want to see without having to wait too long" ($p = 0.002$); "To have doctors treat you with care and respect" ($p = 0.01$).

enthusiasm—among nearly 80 percent of respondents—for expanding Medicaid under the ACA and a more nuanced picture of whether it would be preferable to gain coverage via traditional Medicaid or subsidized private insurance. Our findings of strong support for expansion are consistent with those of a recent Commonwealth Fund survey.[14] While the three states studied here have adopted markedly different responses to the option of expanding health insurance under the ACA, we found few substantive differences across states in the views and perceptions of the potential beneficiaries of that coverage.

In all three states, most respondents predicted that the quality of health care for uninsured people would improve significantly from gaining Medicaid. Whether Medicaid coverage improves health status has been controversial. Cross-sectional studies have often shown higher morbidity and worse outcomes among Medicaid beneficiaries,[15–17] although these studies are subject to significant selection bias.[18] More rigorous quasi-experimental evidence[19] has shown improvements in mortality associated with Medicaid expansion to uninsured populations, whereas the randomized Oregon Health Insurance Experiment found benefits in mental health, self-reported health, and financial outcomes but not in important biochemical and clinical indicators.[20] While these issues are likely to remain controversial, support for expansion by the population who would most likely be eligible for it may provide further impetus for expansion, although low-income adults and the uninsured may lack the clout to bring about this policy change in many states where the ACA remains unpopular among the political leadership. At the same time, if there was opposition from these populations, the likelihood of expansion would most likely be even lower.

Meanwhile, leaders in several states, including Pennsylvania and Utah, have announced that they will consider expanding coverage only if they can do so via private insurance, implying that this would provide better coverage for their populations.[21,22] Among the low-income adults surveyed here, we did not find evidence of a clear preference for private insurance. Quality and affordability of care were generally rated as better with Medicaid coverage, while private coverage was seen as offering better access to and more respect from providers. These views represent a nuanced but reasonable comparison of Medicaid versus private health insurance and are consistent with some of the empirical evidence in this area. Recent studies indicate that Medicaid provides low-income adults with better financial protection than does private coverage,[23,24] while lower reimbursement rates in Medicaid have been linked to lower physician participation rates in that program compared to private coverage.[25] Favorable views toward Medicaid were most common among racial and ethnic minorities, people with lower education and income, and those in worse health. To our knowledge, ours is the first quantitative analysis ascertaining the views of low-income people themselves toward the value of Medicaid.

While the data we obtained on respondents' morbidity and clinical conditions were limited, they suggest that this population may benefit greatly from access to medical services. Of the respondents, 32–40 percent said they were in fair or poor health, and substantial proportions had a chronic medical condition for which they received (and presumably needed) regular medical attention. Thus, the Medicaid expansion adopted under the ACA appears to be well targeted.

Despite a strong preference for expanding coverage, respondents' overall knowledge about states' plans under the ACA was quite poor. The correct answer should have been "yes" to "Your state is going to offer an expansion of Medicaid in 2014" in Kentucky; "yes" to "Your state is going to provide new financial assistance to buy private health insurance through the State Exchange in 2014" in Arkansas; and "no" to both questions in Texas. Yet roughly 25–33 percent of respondents in the three states answered "yes" to each of these questions, showing no correlation with the actual policy decisions that have been made in each state. This is consistent with prior research showing limited knowledge about the Medicaid expansions among low-income populations.[26]

Conclusion

In summary, we surveyed low-income adults in three states and found that the population has substantial morbidity and chronic illness, and the majority was misinformed about the ACA coverage expansions occurring in their states. However, strong majorities (roughly 80 percent) in all three states favored Medicaid expansion—even in Texas, which has been nationally prominent in refusing to expand. Finally, most respondents thought that Medicaid coverage was better than being uninsured, and at least as good as or better than private insurance in overall quality. While state policy makers continue to debate the relative merits of whether and how to expand Medicaid under the ACA, our data indicate that there is little debate among most low-income adults that they would benefit from expanded coverage. ■

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